

Fill in this information to identify the case:

Debtor Name NJ Mobile Health Care LLC

United States Bankruptcy Court for the: District of New Jersey

Case number: 24-16239-JKS☐ Check if this is an amended filing

Official Form 425C

Monthly Operating Report for Small Business Under Chapter 11

12/17

Month: October 2024Date report filed: 12/11/2024
MM / DD / YYYYLine of business: Ambulance

NAISC code: _____

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party: Louis V. Greco IIIOriginal signature of responsible party: Printed name of responsible party: Louis V. Greco III**1. Questionnaire**

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

Yes	No	N/A
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If you answer No to any of the questions in lines 1-9, attach an explanation and label it Exhibit A.

- | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Did the business operate during the entire reporting period? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you plan to continue to operate the business next month? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you paid all of your bills on time? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you pay your employees on time? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you timely filed your tax returns and paid all of your taxes? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you timely filed all other required government filings? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Have you timely paid all of your insurance premiums? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it Exhibit B.

- | | | | |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 10. Do you have any bank accounts open other than the DIP accounts? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you sold any assets other than inventory? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Did any insurance company cancel your policy? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Did you have any unusual or significant unanticipated expenses? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you borrowed money from anyone or has anyone made any payments on your behalf? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Has anyone made an investment in your business? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Debtor Name NJ Mobile Health Care LLC

Case number 24-16239-JKS

17. Have you paid any bills you owed before you filed bankruptcy?

☐ ☒ ☐

18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy?

☐ ☒ ☐

2. Summary of Cash Activity for All Accounts

19. Total opening balance of all accounts

\$ 341.09

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

20. Total cash receipts

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.

\$ 20,688.76

21. Total cash disbursements

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

Report the total from *Exhibit D* here.

- \$ 19,770.50

22. Net cash flow

Subtract line 21 from line 20 and report the result here.

This amount may be different from what you may have calculated as *net profit*.

+ \$ 918.26

23. Cash on hand at the end of the month

Add line 22 + line 19. Report the result here.

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

= \$ 1,259.35

3. Unpaid Bills

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

24. Total payables

(*Exhibit E*)

\$ 30,974.00

Debtor Name NJ Mobile Health Care LLCCase number 24-16239-JKS**4. Money Owed to You**

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. Total receivables

\$ 10,661.76

(Exhibit F)

5. Employees

26. What was the number of employees when the case was filed?

0

27. What is the number of employees as of the date of this monthly report?

0**6. Professional Fees**

28. How much have you paid this month in professional fees related to this bankruptcy case?

\$ 0.00

29. How much have you paid in professional fees related to this bankruptcy case since the case was filed?

\$ 0.00

30. How much have you paid this month in other professional fees?

\$ 0.00

31. How much have you paid in total other professional fees since filing the case?

\$ 0.00**7. Projections**

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	Column A		Column B		Column C
	Projected	—	Actual	=	Difference
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. Cash receipts	\$ <u>15,000.00</u>	—	\$ <u>20,688.76</u>	=	\$ <u>-5,688.76</u>
33. Cash disbursements	\$ <u>15,000.00</u>	—	\$ <u>19,770.50</u>	=	\$ <u>-4,770.50</u>
34. Net cash flow	\$ <u>0.00</u>	—	\$ <u>918.26</u>	=	\$ <u> </u>
35. Total projected cash receipts for the next month:					\$ <u> </u>
36. Total projected cash disbursements for the next month:					- \$ <u> </u>
37. Total projected net cash flow for the next month:					= \$ <u> </u>

Debtor Name NJ Mobile Health Care LLC

Case number 24-16239-JKS

8. Additional Information

If available, check the box to the left and attach copies of the following documents.

- ☒ 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- ☐ 39. Bank reconciliation reports for each account.
- ☐ 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- ☐ 41. Budget, projection, or forecast reports.
- ☐ 42. Project, job costing, or work-in-progress reports.

Exhibit A

Monthly Operating Report – October 2024

Question 3: Did you pay all your bills on time

The bills for the following vendors have not been paid:

United Leasing – 1,725.00

De Lage Landen Financial Services Inc. – 3,963.31

Access IT – 506.49

Exhibit B

Monthly Operating Report – October 2024

Question 7: Have you sold any assets other than inventory

Fog Machine - \$50.00

Ironwear Coverall – \$22.00

DuPont Tyechen 3X - \$25

Exhibit C

NJMHC Monthly Operating Report - October 2024

Account No	Posting Date	Description	Receipts
5800	10/25/2024	DEPOSIT	1,650.00
5800	10/22/2024	PHONE/INTERNET TRNFR REF 2952215P FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE	30.00
5800	10/21/2024	PHONE/INTERNET TRNFR REF 2950900L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE	30.00
5800	10/16/2024	PHONE/INTERNET TRNFR REF 2901331L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE	1,000.00
5800	10/15/2024	ACH CREDIT PPD CMPY ID: 9409348138 DRIVE NJ INS INS PREM 241015	299.80
5800	10/07/2024	PHONE/INTERNET TRNFR REF 2810818L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE	1,000.00
5800	10/04/2024	PHONE/INTERNET TRNFR REF 2780750L FUNDS TRANSFER FRM DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	20.00
5800	10/04/2024	PHONE/INTERNET TRNFR REF 2780749L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE	2,630.00
5800	10/02/2024	SERVICE FEE REFUND MAINTENANCE CHARGE REFUND	15.00
0303	10/30/2024	DEPOSIT	335.55
0303	10/30/2024	ACH CREDIT CCD CMPY ID: 1240200004 NOVITAS HCCLAIMPMT 898231371*12052961 37~	864.50
0303	10/25/2024	DEPOSIT	90.23
0303	10/22/2024	ACH CREDIT CCD CMPY ID: 1240200004 NOVITAS HCCLAIMPMT 898204896*12052961 37~	302.98
0303	10/18/2024	DEPOSIT	2,350.00
0303	10/18/2024	DEPOSIT	106.42
0303	10/18/2024	ACH CREDIT CCD CMPY ID: 10621929SD BANKCARD 1929 BTOT DEP 241018 536927960307817	134.66
0303	10/18/2024	ACH CREDIT CCD CMPY ID: 1522293687 10L GOVDEALS 10LGDUSFSS REF*\	197.00
0303	10/17/2024	ACH CREDIT CCD CMPY ID: 10621929SD BANKCARD 1929 MTOT DEP 241017 536927960307817	213.21
0303	10/17/2024	ACH CREDIT CCD CMPY ID: 1240200004 NOVITAS HCCLAIMPMT 898191988*12052961 37~	255.31
0303	10/16/2024	ACH CREDIT CCD CMPY ID: 1240200004 NOVITAS HCCLAIMPMT 898188017*12052961 37~	2,747.21
0303	10/15/2024	DEPOSIT	1,880.00
0303	10/10/2024	ACH CREDIT CCD CMPY ID: 10621929SD BANKCARD 1929 MTOT DEP 241010 536927960307817	201.97
0303	10/08/2024	ACH CREDIT CCD CMPY ID: 10621929SD BANKCARD 1929 MTOT DEP 241008 536927960307817	116.62
0303	10/08/2024	ACH CREDIT CCD CMPY ID: 1240200004 NOVITAS HCCLAIMPMT 898163967*12052961 37~	248.30
0303	10/07/2024	ACH CREDIT CCD CMPY ID: 10621929SD BANKCARD 1929 MTOT DEP 241007 536927960307817	1,235.00
0303	10/04/2024	ACH CREDIT CCD CMPY ID: 1522293687 10L GOVDEALS 10LGDUSFSS REF*\	2,630.00
0303	10/02/2024	SERVICE FEE REFUND MAINTENANCE CHARGE REFUND	15.00
0303	10/02/2024	PHONE/INTERNET TRNFR REF 2760857L FUNDS TRANSFER FRM DEP XXXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	25.00
0303	10/02/2024	ACH CREDIT CCD CMPY ID: 10621929SD BANKCARD 1929 MTOT DEP 241002 536927960307817	20.00
0303	10/01/2024	PHONE/INTERNET TRNFR REF 2750858L FUNDS TRANSFER FRM DEP XXXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	15.00
3201	10/02/2024	SERVICE FEE REFUND MAINTENANCE CHARGE REFUND	15.00
3201	10/01/2024	PHONE/INTERNET TRNFR REF 2750859L FUNDS TRANSFER FRM DEP XXXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	15.00

20,688.76

Exhibit D

NJMHC Monthly Operating Report - October 2024

Account No	Posting Date	Description	Disbursements
5800	10/29/2024 1024	CHECK	400.00
5800	10/28/2024 1025	CHECK	500.00
5800	10/28/2024	PHONE/INTERNET TRNFR REF 3022118L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	400.00
5800	10/21/2024	FORCE POST DEBIT FOR OVERDRAFT ACH DEBIT 021000028379957	30.00
5800	10/18/2024	ACH DEBIT CCD CMPY ID: 0000756346 INTUIT * QBooks Onl 241018 8751095	32.50
5800	10/17/2024 1023	CHECK	750.00
5800	10/17/2024	PHONE/INTERNET TRNFR REF 2911521L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	870.00
5800	10/15/2024 1022	CHECK	412.50
5800	10/15/2024	ACH DEBIT PPD CMPY ID: 9078730001 OPTIMUM 7873 CABLE PMNT 241015	161.40
5800	10/11/2024	PHONE/INTERNET TRNFR REF 2851059L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	75.00
5800	10/07/2024	ACH DEBIT CCD CMPY ID: 2472319830 AFCO CREDIT CORP PAYMENTS 241007 20257906	2,678.09
5800	10/03/2024	PHONE/INTERNET TRNFR REF 2771424L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	15.00
5800	10/02/2024	PHONE/INTERNET TRNFR REF 2760858L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	100.72
5800	10/02/2024	PHONE/INTERNET TRNFR REF 2760857L FUNDS TRANSFER TO DEP XXXXX0303 FROM FUNDS TRANSFER VIA ONLINE	25.00
5800	10/01/2024	PHONE/INTERNET TRNFR REF 2750859L FUNDS TRANSFER TO DEP XXXXX3201 FROM FUNDS TRANSFER VIA ONLINE	15.00
5800	10/01/2024	PHONE/INTERNET TRNFR REF 2750858L FUNDS TRANSFER TO DEP XXXXX0303 FROM FUNDS TRANSFER VIA ONLINE	15.00
5800	10/01/2024	PHONE/INTERNET TRNFR REF 2750856L FUNDS TRANSFER TO DEP XXXXX4901 FROM FUNDS TRANSFER VIA ONLINE	15.00
5800	10/01/2024 1021	CHECK	140.25
0303	10/31/2024	PHONE/INTERNET TRNFR REF 3050504L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	355.00
0303	10/28/2024	PHONE/INTERNET TRNFR REF 3022117L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	585.00
0303	10/24/2024	PHONE/INTERNET TRNFR REF 2981211L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	1,300.00
0303	10/22/2024	PHONE/INTERNET TRNFR REF 2961610L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	500.00
0303	10/22/2024	PHONE/INTERNET TRNFR REF 2952215P FUNDS TRANSFER TO DEP XXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	30.00
0303	10/21/2024	PHONE/INTERNET TRNFR REF 2951144L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	400.00
0303	10/21/2024	PHONE/INTERNET TRNFR REF 2950900L FUNDS TRANSFER TO DEP XXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	30.00
0303	10/18/2024	PHONE/INTERNET TRNFR REF 2921245L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	332.00
0303	10/17/2024	PHONE/INTERNET TRNFR REF 2911109L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	3,072.00
0303	10/16/2024	ANALYSIS RESULTS CHG ANALYSIS ACTIVITY FOR 09/24	25.00
0303	10/16/2024	FEE BASED CHARGE FEE BASED ACTIVITY FOR 09/24	0.01
0303	10/16/2024	PHONE/INTERNET TRNFR REF 2901331L FUNDS TRANSFER TO DEP XXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	1,000.00
0303	10/16/2024	PHONE/INTERNET TRNFR REF 2901331L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	1,000.00
0303	10/11/2024	PHONE/INTERNET TRNFR REF 2851059L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	800.00
0303	10/07/2024	PHONE/INTERNET TRNFR REF 2810818L FUNDS TRANSFER TO DEP XXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	1,000.00
0303	10/04/2024	PHONE/INTERNET TRNFR REF 2780749L FUNDS TRANSFER TO DEP XXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	2,630.00
0303	10/03/2024	PHONE/INTERNET TRNFR REF 2771425L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	17.80
0303	10/02/2024	ACH DEBIT CCD CMPY ID: 10621929SM BANKCARD 1929 MTOT DISC 241002 536927960307817	42.74
3201	10/03/2024	PHONE/INTERNET TRNFR REF 2771426L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	15.49
			19,770.50

Exhibit E

Monthly Operating Report – October 2024

Question 24: Total payables

United Leasing – 8,625.00

De Lage Landen Financial Services Inc. – 19,816.55

Access IT – 2,532.45

Monthly Operating Report - October 2024

[illegible]

Last Statement:
Statement Ending:
Page:September 30, 2024
October 31, 2024
1 of 5P.O. Box 558
Wayne, NJ 07474-0558

33575 M0656DDA110124085054 08 000000000 175503 005

NJ MOBILE HEALTH CARE LLC
DIP CASE # 24-16239 OPERATING ACCOUNT
575 CORPORATE DR SUITE 525
MAHWAH NJ 07430-2330

Email: contactus@valley.com



Visit Us Online: www.valley.com



Mail To: 1720 Route 23, Wayne, NJ 07470

Account Statement

BUSINESS BANKING CHECKING - XXXXXX5800

SUMMARY FOR THE PERIOD: 10/01/24 - 10/31/24

NJ MOBILE HEALTH CARE LLC

Beginning Balance	+	Deposits & Other Credits	-	Withdrawals & Other Debits	=	Ending Balance
\$310.98		\$6,674.80		\$6,635.46		\$350.32

TRANSACTIONS

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
	Beginning Balance			\$310.98
10/01	CHECK 1021	-\$140.25		\$170.73
10/01	PHONE/INTERNET TRNFR REF 2750856L FUNDS TRANSFER TO DEP XXXXXX4901 FROM FUNDS TRANSFER VIA ONLINE	-\$15.00		\$155.73
10/01	PHONE/INTERNET TRNFR REF 2750858L FUNDS TRANSFER TO DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE	-\$15.00		\$140.73
10/01	PHONE/INTERNET TRNFR REF 2750859L FUNDS TRANSFER TO DEP XXXXXX3201 FROM FUNDS TRANSFER VIA ONLINE	-\$15.00		\$125.73
10/02	SERVICE FEE REFUND MAINTENANCE CHARGE REFUND		\$15.00	\$140.73
10/02	PHONE/INTERNET TRNFR REF 2760857L FUNDS TRANSFER TO DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE	-\$25.00		\$115.73
10/02	PHONE/INTERNET TRNFR REF 2760858L FUNDS TRANSFER TO DEP XXXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$100.72		\$15.01
10/03	PHONE/INTERNET TRNFR	-\$15.00		\$0.01





P.O. Box 558

Wayne, NJ 07474-0558

TRANSACTIONS (continued)

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
10/04	REF 2771424L FUNDS TRANSFER TO DEP XXXXXX3506 FROM FUNDS TRANSFER VIA ONLINE PHONE/INTERNET TRNFR REF 2780749L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE		\$2,630.00	\$2,630.01
10/04	PHONE/INTERNET TRNFR REF 2780750L FUNDS TRANSFER FRM DEP XXXXXX3506 FROM FUNDS TRANSFER VIA ONLINE		\$20.00	\$2,650.01
10/07	PHONE/INTERNET TRNFR REF 2810818L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE		\$1,000.00	\$3,650.01
10/07	ACH DEBIT AFCO CREDIT CORP PAYMENTS 241007 20257906	-\$2,678.09		\$971.92
10/11	PHONE/INTERNET TRNFR REF 2851059L FUNDS TRANSFER TO DEP XXXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$75.00		\$896.92
10/15	ACH CREDIT DRIVE NJ INS INS PREM 241015		\$299.80	\$1,196.72
10/15	ACH DEBIT OPTIMUM 7873 CABLE PMNT 241015	-\$161.40		\$1,035.32
10/15	CHECK 1022	-\$412.50		\$622.82
10/16	PHONE/INTERNET TRNFR REF 2901331L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE		\$1,000.00	\$1,622.82
10/17	PHONE/INTERNET TRNFR REF 2911521L FUNDS TRANSFER TO DEP XXXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$870.00		\$752.82
10/17	CHECK 1023	-\$750.00		\$2.82
10/18	ACH DEBIT INTUIT * QBooks Onl 241018 8751095	-\$32.50		-\$29.68
10/21	PHONE/INTERNET TRNFR REF 2950900L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE		\$30.00	\$0.32
10/21	PAID ITEM FEE FOR OVERDRAFT ACH DEBIT 021000028379957	-\$30.00		-\$29.68
10/22	PHONE/INTERNET TRNFR REF 2952215P FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE		\$30.00	\$0.32
10/25	DEPOSIT		\$1,650.00	\$1,650.32
10/28	PHONE/INTERNET TRNFR	-\$400.00		\$1,250.32





Account Number:

XXXXXX5800

Statement Date:

10/31/2024

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P.O. Box 558

Wayne, NJ 07474-0558

TRANSACTIONS (continued)

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
	REF 3022118L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE			
10/28	CHECK 1025	-\$500.00		\$750.32
10/29	CHECK 1024	-\$400.00		\$350.32
Ending Balance				\$350.32

CHECKS IN ORDER

Date	Number	Amount	Date	Number	Amount
10/01	1021	\$140.25	10/29	1024	\$400.00
10/15	1022	\$412.50	10/28	1025	\$500.00
10/17	1023	\$750.00			

(*) Check Number Missing or Check Converted to Electronic Transaction and Listed under the Transaction section.

OVERDRAFT FEES

	Total This Period:	Total Year-To-Date:
Total Overdraft Fees:	\$30.00	\$30.00





Account Number:

XXXXXX5800

Statement Date:

10/31/2024

Page :

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P.O. Box 558

Wayne, NJ 07474-0558

Check Images for Account XXXXXX5800

1021

NJ MOBILE HEALTH CARE LLC
575 CORPORATE DRIVE 525
MAHWAH, NJ 07430-2330

DATE 9/30/24 55-130212

PAY TO THE ORDER OF Charles Bowles \$ 140.25

One hundred forty & 25/100 DOLLARS

FOR fuel, parking, etc.

1747337673

10/01/2024 # 1021 \$140.25

1024

NJ MOBILE HEALTH CARE LLC
575 CORPORATE DRIVE 525
MAHWAH, NJ 07430-2330

DATE 10/25/24 55-130212

PAY TO THE ORDER OF Blue Chiron \$ 400.00

Four hundred and 00/100 DOLLARS

FOR INV 10/17/24 TEL BC04

1747337673

10/29/2024 # 1024 \$400.00

1022

NJ MOBILE HEALTH CARE LLC
575 CORPORATE DRIVE 525
MAHWAH, NJ 07430-2330

DATE 10/11/2024 55-130212

PAY TO THE ORDER OF Blue Chiron, INC. \$ 412.50

Four hundred twelve and 00/100 DOLLARS

FOR BC02

1747337673

10/15/2024 # 1022 \$412.50

1025

NJ MOBILE HEALTH CARE LLC
575 CORPORATE DRIVE 525
MAHWAH, NJ 07430-2330

DATE 10/25/24 55-130212

PAY TO THE ORDER OF Blue Chiron LLC \$ 500.00

Five hundred and 00/100 DOLLARS

FOR BC04

1747337673

10/28/2024 # 1025 \$500.00

1023

NJ MOBILE HEALTH CARE LLC
575 CORPORATE DRIVE 525
MAHWAH, NJ 07430-2330

DATE 10/16/2024 55-130212

PAY TO THE ORDER OF Blue Chiron INC \$ 750.00

Seven hundred fifty and 00/100 DOLLARS

FOR INV BC03

6613102793

10/17/2024 # 1023 \$750.00

1026

NJ MOBILE HEALTH CARE LLC
575 CORPORATE DRIVE 525
MAHWAH, NJ 07430-2330

DATE 10/25/24 55-130212

PAY TO THE ORDER OF Blue Chiron \$ 400.00

Four hundred and 00/100 DOLLARS

FOR INV 10/17/24 TEL BC04

1747337673

10/29/2024 # 1026 \$400.00



Account Number:

XXXXXX5800

Statement Date:

10/31/2024

Page :

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P.O. Box 558

Wayne, NJ 07474-0558

To Reconcile Your Account

1. Compare the checks listed as paid on your statement with the entries appearing in your checkbook to insure that they have been properly charged to your account.
2. Create a list of all checks that have been issued by you but have not been paid by Valley (Check(s) Outstanding).
3. Add to your checkbook balance any credit not already recorded in the checkbook.
4. Deduct from your checkbook any service charge or other charges (including automatic deductions) which you have not already recorded in your checkbook.
5. Follow the instructions listed in the Balance Reconciliation section below.

Balance Reconciliation

1 Enter ending statement balance	
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3 Total (1 plus 2 above)	
4 Subtract total check(s) outstanding	
5 Balance (3 less 4 should equal checkbook balance)	

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In Case Of Errors Or Questions About Your Personal Line Of Credit Transactions**A. Pursuant To The Federal Fair Credit Billing Act**

If you think your statement is wrong or if you need more information about checking transactions on your statement which did not arise from an electronic transfer, write us as soon as possible at Valley National Bank, Attn: Customer Care, 1720 Route 23, Wayne, NJ 07470-7533, or email us at contactus@valley.com. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. You can contact us at 800-522-4100, but doing so will not preserve your rights. In your letter, give us your name and account number and the dollar amount of the suspected error. Describe the error and explain, if you can,

why you believe there is an error. If you need more information, describe the item you are unsure about. You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your statement that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

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For additional terms and conditions applicable to your account statement, please refer to your account agreement.





P.O. Box 558
Wayne, NJ 07474-0558

Last Statement:
Statement Ending:
Page:

September 30, 2024
October 31, 2024
1 of 4

52673 M0656DDA110124085054 08 000000000 194601 004



NJ MOBILE HEALTH CARE LLC
DIP CASE # 24-16239 RECEIVING ACCOUNT
575 CORPORATE DR SUITE 525
MAHWAH NJ 07430-2330



Email: contactus@valley.com



Visit Us Online: www.valley.com



Mail To: 1720 Route 23, Wayne, NJ 07470

Account Statement

VALLEY BASIC BUSINESS CHECKING - XXXXXX0303

SUMMARY FOR THE PERIOD: 10/01/24 - 10/31/24

NJ MOBILE HEALTH CARE LLC

Beginning Balance	+	Deposits & Other Credits	-	Withdrawals & Other Debits	=	Ending Balance
-\$14.39		\$13,983.96		\$13,119.55		\$850.02

TRANSACTIONS

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
	Beginning Balance			-\$14.39
10/01	PHONE/INTERNET TRNFR REF 2750858L FUNDS TRANSFER FRM DEP XXXXXX5800 FROM FUNDS TRANSFER VIA ONLINE		\$15.00	\$0.61
10/02	ACH CREDIT BANKCARD 1929 MTOT DEP 241002 536927960307817		\$20.00	\$20.61
10/02	PHONE/INTERNET TRNFR REF 2760857L FUNDS TRANSFER FRM DEP XXXXXX5800 FROM FUNDS TRANSFER VIA ONLINE		\$25.00	\$45.61
10/02	SERVICE FEE REFUND MAINTENANCE CHARGE REFUND		\$15.00	\$60.61
10/02	ACH DEBIT BANKCARD 1929 MTOT DISC 241002 536927960307817	-\$42.74		\$17.87
10/03	PHONE/INTERNET TRNFR REF 2771425L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$17.80		\$0.07
10/04	ACH CREDIT 10L GOVDEALS 10LGDUSS REF*\		\$2,630.00	\$2,630.07
10/04	PHONE/INTERNET TRNFR	-\$2,630.00		\$0.07





P.O. Box 558

Wayne, NJ 07474-0558

TRANSACTIONS (continued)

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
	REF 2780749L FUNDS TRANSFER TO DEP XXXXXX5800 FROM FUNDS TRANSFER VIA ONLINE			
10/07	ACH CREDIT BANKCARD 1929 MTOT DEP 241007 536927960307817		\$1,235.00	\$1,235.07
10/07	PHONE/INTERNET TRNFR REF 2810818L FUNDS TRANSFER TO DEP XXXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	-\$1,000.00		\$235.07
10/08	ACH CREDIT NOVITAS HCCLAIMPMT 898163967*12052961 37~		\$248.30	\$483.37
10/08	ACH CREDIT BANKCARD 1929 MTOT DEP 241008 536927960307817		\$116.62	\$599.99
10/10	ACH CREDIT BANKCARD 1929 MTOT DEP 241010 536927960307817		\$201.97	\$801.96
10/11	PHONE/INTERNET TRNFR REF 2851059L FUNDS TRANSFER TO DEP XXXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$800.00		\$1.96
10/15	DEPOSIT		\$1,880.00	\$1,881.96
10/16	ACH CREDIT NOVITAS HCCLAIMPMT 898188017*12052961 37~		\$2,747.21	\$4,629.17
10/16	PHONE/INTERNET TRNFR REF 2901331L FUNDS TRANSFER TO DEP XXXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$1,000.00		\$3,629.17
10/16	PHONE/INTERNET TRNFR REF 2901331L FUNDS TRANSFER TO DEP XXXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	-\$1,000.00		\$2,629.17
10/16	FEE BASED CHARGE FEE BASED ACTIVITY FOR 09/24	-\$0.01		\$2,629.16
10/16	ANALYSIS RESULTS CHG ANALYSIS ACTIVITY FOR 09/24	-\$25.00		\$2,604.16
10/17	ACH CREDIT NOVITAS HCCLAIMPMT 898191988*12052961 37~		\$255.31	\$2,859.47
10/17	ACH CREDIT BANKCARD 1929 MTOT DEP 241017 536927960307817		\$213.21	\$3,072.68
10/17	PHONE/INTERNET TRNFR REF 2911109L FUNDS TRANSFER TO DEP XXXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$3,072.00		\$0.68
10/18	ACH CREDIT 10L GOVDEALS 10LGDUSFSS REF*\		\$197.00	\$197.68
10/18	ACH CREDIT		\$134.66	\$332.34





Account Number:

XXXXXX0303

Statement Date:

10/31/2024

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P.O. Box 558

Wayne, NJ 07474-0558

TRANSACTIONS (continued)

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
	BANKCARD 1929 BTOT DEP 241018 536927960307817			
10/18	DEPOSIT		\$106.42	\$438.76
10/18	DEPOSIT		\$2,350.00	\$2,788.76
10/18	PHONE/INTERNET TRNFR REF 2921245L FUNDS TRANSFER TO DEP XXXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$332.00		\$2,456.76
10/21	PHONE/INTERNET TRNFR REF 2950900L FUNDS TRANSFER TO DEP XXXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	-\$30.00		\$2,426.76
10/21	PHONE/INTERNET TRNFR REF 2951144L FUNDS TRANSFER TO DEP XXXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$400.00		\$2,026.76
10/22	ACH CREDIT NOVITAS HCCLAIMPMT 898204896*12052961 37~		\$302.98	\$2,329.74
10/22	PHONE/INTERNET TRNFR REF 2952215P FUNDS TRANSFER TO DEP XXXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	-\$30.00		\$2,299.74
10/22	PHONE/INTERNET TRNFR REF 2961610L FUNDS TRANSFER TO DEP XXXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$500.00		\$1,799.74
10/24	PHONE/INTERNET TRNFR REF 2981211L FUNDS TRANSFER TO DEP XXXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$1,300.00		\$499.74
10/25	DEPOSIT		\$90.23	\$589.97
10/28	PHONE/INTERNET TRNFR REF 3022117L FUNDS TRANSFER TO DEP XXXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$585.00		\$4.97
10/30	ACH CREDIT NOVITAS HCCLAIMPMT 898231371*12052961 37~		\$864.50	\$869.47
10/30	DEPOSIT		\$335.55	\$1,205.02
10/31	PHONE/INTERNET TRNFR REF 3050504L FUNDS TRANSFER TO DEP XXXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$355.00		\$850.02
Ending Balance				\$850.02



94601 0709375 0003-0004

0303 194601



Account Number:
Statement Date:
Page :

XXXXXX0303
10/31/2024
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P.O. Box 558
Wayne, NJ 07474-0558

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Last Statement:
Statement Ending:
Page:September 30, 2024
October 31, 2024
1 of 2P.O. Box 558
Wayne, NJ 07474-0558

1264 M0656DDA110124085054 08 000000000 143192 002

NJ MOBILE HEALTH CARE LLC
DIP CASE # 24-16239 PPSF ACCOUNT
575 CORPORATE DR SUITE 525
MAHWAH NJ 07430-2330

Email: contactus@valley.com



Visit Us Online: www.valley.com



Mail To: 1720 Route 23, Wayne, NJ 07470

Account Statement

VALLEY BASIC BUSINESS CHECKING - XXXXXX3201

SUMMARY FOR THE PERIOD: 10/01/24 - 10/31/24

NJ MOBILE HEALTH CARE LLC

Beginning Balance	+	Deposits & Other Credits	-	Withdrawals & Other Debits	=	Ending Balance
-\$14.50		\$30.00		\$15.49		\$0.01

TRANSACTIONS

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
	Beginning Balance			-\$14.50
10/01	PHONE/INTERNET TRNFR		\$15.00	\$0.50
	REF 2750859L FUNDS TRANSFER FRM DEP XXXXXX5800 FROM FUNDS TRANSFER VIA ONLINE			
10/02	SERVICE FEE REFUND		\$15.00	\$15.50
	MAINTENANCE CHARGE REFUND			
10/03	PHONE/INTERNET TRNFR	-\$15.49		\$0.01
	REF 2771426L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE			
Ending Balance				\$0.01





Account Number:
Statement Date:
Page :

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10/31/2024
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P.O. Box 558
Wayne, NJ 07474-0558

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